

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/15/62 727

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51		1		1		
2		1		1			52	1		1			
3		1		1			53	1		1			
4		1		1			54	2		1			
5							55	2		1			
6		1		1			56	2		1			
7		1		1			57	1		1			
8		1		1			58	1		1			
9							59	1		1			
10							60	1		1			
11							61	1		1			
12							62	1		1			
13							63	1		1			
14							64	1		1			
15							65	1		1			
16							66	1		1			
17							67						
18							68						
19	2		1		1		69	1		1			
20	1		1		1		70	1		1			
21		1		1			71	1		1			
22	1		1		1		72	1		1			
23	2		1		1		73	1		1			
24	1		1		1		74	1		1			
25	2		1		1		75	1		1			
26	2		1		1		76			1			
27	2		1		1		77			1			
28	2		1		1		78			1			
29	2		1		1		79			1			
30	2		1		1		80			1			
31	2		1		1		81			1			
32	2		1		1		82			1			
33	2		1		1		83			1			
34	2		1		1		84			1			
35	2		1		1		85			1			
36	1		1		1		86			1			
37	1		1		1		87			1			
38	1		1		1		88			1			
39	1		1		1		89			1			
40	1		1		1		90			1			
41	1		1		1		91			1			
42	1		1		1		92			1			
43	1		1		1		93			1			
44	1		1		1		94			1			
45	1		1		1		95			1			
46	1		1		1		96			1			
47	1		1		1		97			1			
48	1		1		1		98			1			
49	1		1		1		99			1			
50	1		1		1		100			1			
TOTAL IND.			16		16		TOTAL IND.			16		16	
TOTAL DEP.			62		62		TOTAL DEP.			62		62	
TOTAL CLAIMS			78		78		TOTAL CLAIMS			78		78	